

*VIA EFS*

September 13, 2012

Mail Stop M Correspondence  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Re: Inventor(s):** *David A. Jaffray, et al.*  
**Application No.:** *09/788,335*  
**Filing Date:** *February 16, 2001*  
**Title:** *Cone Beam Computed Tomography With A Flat Panel Imager*  
**Our Ref. No.:** *5475/004US/330369*

Dear Sir/Madam:

Enclosed for filing please find:

1. Fee Address Change Form; and
2. Certificate of Transmission Under 37 C.F.R. §1.8(a).

Applicant believes that no fees are required at this time. However, if there are any charges in direct relation to this response, please apply them to Deposit Account Number 503145, with reference to attorney docket number 5475/004US/330369.

Very truly yours,

HONIGMAN MILLER SCHWARTZ AND COHN LLP

/s/ Douglas H. Siegel

Douglas H. Siegel

Enclosures

c: William Beaumont Hospital

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**"FEE ADDRESS" INDICATION FORM**

**Address to:**  
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**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**Fax to:**  
**571-273-6500**

- OR -

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number: **83332**

OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
6,842,502	09/788,335

Completed by (check one):

☐ Applicant/Inventor \_\_\_\_\_  
 Signature

☒ Attorney or Agent of record 34251 \_\_\_\_\_  
 (Reg. No.) Douglas H. Siegel  
 Typed or printed name

☐ Assignee of record of the entire interest. See 37 CFR 3.71. 269-337-7720  
 Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone number  
 (Form PTO/SB/96)

☒ Assignee recorded at Reel 12449 Frame 0446 \_\_\_\_\_  
 September 13, 2012  
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \* Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND COMPLETE D FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventors: David A. Jaffray, et al.      Confirmation No.: 6106  
Application No.: 09/788,335      Art Unit: 2882  
Filing date: February 16, 2001      Attorney Docket No.: 5475/004US/330369

Title: CONE BEAM COMPUTED TOMOGRAPHY WITH A FLAT PANEL IMAGER

**CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)**

The undersigned hereby certifies that the following documents are being electronically filed in accordance with 37 C.F.R. §1.6(a)(4), on the 13<sup>th</sup> day of September, 2012.

1. Cover Letter to Mail Stop M Correspondence;
2. Fee Address Change Form; and
3. Certificate of Transmission Under 37 C.F.R. §1.8(a).

Applicant believes that no fees are required at this time. However, if there are any charges in direct relation to this response, please apply them to Deposit Account Number 503145, with reference to attorney docket number 5475/004US/330369.

A handwritten signature in black ink, appearing to read "Michele Guyman", is written over a horizontal line.

Michele Guyman (for Douglas H. Siegel, Reg. No. 34,251)